

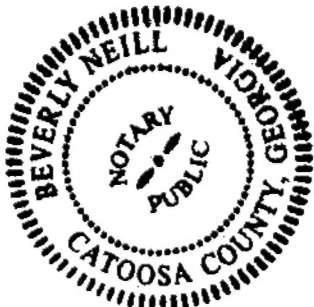
FT. OGLETHORPE INCIDENT REPORT

AGENCY ID
GA0230100

INTERNAL USE ONLY
ORIGINAL REPORT

CASE NUMBER
150900027

EVENT	Statute 16-5-70	INCIDENT TYPE CRUELTY TO CHILDREN - FEL-1ST DEGREE	CNT 1	GOC UCR CODE 3802	UCR DESCRIPTION FAMILY OFFENSE: CRUELTY TOWARD CHILD								
PROPERTY TOTALS	LOCATION DESCRIPTION AND ADDRESS LAKEVIEW MIDDLE SCHOOL 416 CROSS STREET FT. OGLETHORPE, GA 30742		ZONE _____		PREMISE TYPE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>HIGHWAY</td> <td>SVC STATION</td> </tr> <tr> <td>CONVENIENCE STORE</td> <td>BANK</td> </tr> <tr> <td>COMMERCIAL</td> <td><input checked="" type="checkbox"/> RESIDENCE</td> </tr> <tr> <td>SCHOOL/CAMPUS</td> <td>ALL OTHERS</td> </tr> </table>	HIGHWAY	SVC STATION	CONVENIENCE STORE	BANK	COMMERCIAL	<input checked="" type="checkbox"/> RESIDENCE	SCHOOL/CAMPUS	ALL OTHERS
	HIGHWAY	SVC STATION											
	CONVENIENCE STORE	BANK											
	COMMERCIAL	<input checked="" type="checkbox"/> RESIDENCE											
SCHOOL/CAMPUS	ALL OTHERS												
INCIDENT DATE 08/28/2015		TIME 0800		DATE 08/30/2015									
TIME 2359		STRANGER TO STRANGER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		DISCOVERED BY <input type="checkbox"/> Officer On Patrol <input type="checkbox"/> Reporting Party <input type="checkbox"/> Private Security									
DAY OF THE WEEK (INCIDENT) SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> UNK <input type="checkbox"/>		WEATHER CONDITIONS _____		WEAPON TYPE <input type="checkbox"/> GUN <input type="checkbox"/> KNIFE <input type="checkbox"/> HANDS/FISTS, ETC. <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN									
DRUG	01 - VEHICLES STOLEN _____ RECOVERED _____		02 - CURRENCY, NOTES, ETC. _____		03 - JEWELRY, PREC. METALS _____								
	04 - FURS _____		05 - CLOTHING STOLEN _____ RECOVERED _____		06 - OFFICE EQUIP. _____								
	07 - TV, RADIO, ETC. _____		08 - HOUSEHOLD GOODS _____		09 - FIREARMS STOLEN _____ RECOVERED _____								
	10 - CONSUMABLE GOODS _____		11 - LIVESTOCK _____		12 - OTHER _____								
STATE	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID INVESTIGATION INDICATE THAT INCIDENT WAS GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
	DRUG 1 _____ DRUG 2 _____ DRUG 3 _____ DRUG 4 _____ DRUG 5 _____ DRUG 6 _____ DRUG 7 _____ DRUG 8 _____ DRUG 9 _____ DRUG 10 _____		NAME OF GANG _____		RECOVERY DATE _____								
	OCA _____ ENTRY <input type="checkbox"/> CANCEL <input type="checkbox"/> CLEARANCE <input type="checkbox"/>		PERSON <input type="checkbox"/> WARRANT <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/>		CASE STATUS ACTIVE <input checked="" type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EX CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/>								
	ARREST AT OR NEAR OFFENSE SCENE YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL NUMBER ARRESTED _____		DATE OF REPORT 09/04/2015								
ADMINISTRATION	EVIDENCE COLLECTED? <input checked="" type="checkbox"/> N PRINTS TAKEN? <input checked="" type="checkbox"/> N BIO/DNA EVIDENCE? <input checked="" type="checkbox"/> N		PHOTOS TAKEN? <input checked="" type="checkbox"/> N COMPLAINT UNFOUNDED? <input checked="" type="checkbox"/> N WILLING TO PROSECUTE? <input checked="" type="checkbox"/> U		FOLLOW UP - PATROL? <input checked="" type="checkbox"/> N FOLLOW UP - DETECTIVES <input checked="" type="checkbox"/> Y RESPONSE CODE _____								
	REPORTING OFFICER 102 LT. STEVE BLEVINS		REVIEWED BY _____		REVIEWED DATE _____								
	APPROVING OFFICER _____		DIVISION ASSIGNED _____		ASSIGNED DATE _____								
	APPROVED DATE _____		INVESTIGATOR ASSIGNED 102 LT. STEVE BLEVINS		ASSIGNED DATE 09/05/2015								



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PERSONS	<input checked="" type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OFFENDER	<input type="checkbox"/> PRIMARY AGGRESSOR	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> RAPE VICTIM
	NAME: BALDRIDGE, KIRBI						TYPE:
	ADDRESS: 700 CITY HALL DRIVE						EMP: DFCS/CPS
	CITY: FT. OGLETHORPE ST: GA ZIP: 30742						SCHOOL:
	EMAIL:						
	SSN: **	RACE:	HEIGHT:	HAIR:	PHONE: 706-866-5511		
	DOB:	AGE:	SEX:	WEIGHT:	CELL:		
	MISSING: <input type="checkbox"/> DEAD/UNIDENTIFIED: <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> RETURNED: <input type="checkbox"/> WANTED: <input type="checkbox"/> SUSPECT: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARRESTED: <input type="checkbox"/>						
	OFF. DATE/TIME:						ARR. AGENCY:
	ARREST DATE:						ARREST TIME:

PERSONS	CHARGES						
	STATUTE	INCIDENT TYPE	CNT	UCR CODE	UCR DESCRIPTION		
	<input type="checkbox"/> COMPLAINANT	<input checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OFFENDER	<input type="checkbox"/> PRIMARY AGGRESSOR	<input checked="" type="checkbox"/> JUVENILE	<input type="checkbox"/> RAPE VICTIM
	NAME: SINGLETON, HALEY						TYPE:
	ADDRESS: P.O. BOX 21608						EMP:
	CITY: CHATTANOOGA ST: TN ZIP: 37424						SCHOOL: LAKEVIEW MIDDLE SCHOOL
	EMAIL:						
	SSN:	RACE: W	HEIGHT:	HAIR:	PHONE:		
	DOB: 02/15/2001	AGE: 14	SEX: F	WEIGHT:	CELL: 407-230-8968		

PERSONS	CHARGES						
	STATUTE	INCIDENT TYPE	CNT	UCR CODE	UCR DESCRIPTION		
	<input type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OFFENDER	<input type="checkbox"/> PRIMARY AGGRESSOR	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> RAPE VICTIM
	NAME: SINGLETON, JENNIFER A.						TYPE:
	ADDRESS: P.O. BOX 21608						EMP:
	CITY: CHATTANOOGA ST: TN ZIP: 37424						SCHOOL:
	EMAIL:						
	SSN: 590-58-3770	RACE: W	HEIGHT: 502	HAIR: BLN	PHONE:		
	DOB: 03/29/1973	AGE: 42	SEX: F	WEIGHT: 200	CELL: 407-230-8968		

PERSONS	CHARGES						
	STATUTE	INCIDENT TYPE	CNT	UCR CODE	UCR DESCRIPTION		
	<input type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OFFENDER	<input type="checkbox"/> PRIMARY AGGRESSOR	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> RAPE VICTIM
	NAME: GIL, CHERYL L.						TYPE:
	ADDRESS: P.O. BOX 21608						EMP:
	CITY: CHATTANOOGA ST: TN ZIP: 37424						SCHOOL:
	EMAIL:						
	SSN:	RACE: W	HEIGHT:	HAIR: GRY	PHONE:		
	DOB: 07/23/1947	AGE: 68	SEX: F	WEIGHT:	CELL: 407-230-8676		

PERSONS	CHARGES						
	STATUTE	INCIDENT TYPE	CNT	UCR CODE	UCR DESCRIPTION		
	<input type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OFFENDER	<input type="checkbox"/> PRIMARY AGGRESSOR	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> RAPE VICTIM
	NAME: GIL, CHERYL L.						TYPE:
	ADDRESS: P.O. BOX 21608						EMP:
	CITY: CHATTANOOGA ST: TN ZIP: 37424						SCHOOL:
	EMAIL:						
	SSN:	RACE: W	HEIGHT:	HAIR: GRY	PHONE:		
	DOB: 07/23/1947	AGE: 68	SEX: F	WEIGHT:	CELL: 407-230-8676		

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NARRATIVE		Seq. No. 1
Narrative Type	Reporting Officer	Statement Date Time
NARRATIVE	102 LT. STEVE BLEVINS	09/04/2015 1530
<p>CHILD PROTECTIVE SERVICES INVESTIGATOR, KIRBI BALDRIDGE CONTACTED ME BY PHONE AND ASKED ME TO MEET HER IN REFERENCE TO A CHILD, H.S., 14 YEARS OF AGE WHO WOULD NOT GO HOME AT THE END OF THE SCHOOL DAY. I MET WITH MS BALDRIDGE AT LAKEVIEW MIDDLE AND WAS ADVISED THERE WAS ALLEGATIONS OF ABUSE AT THE CHILD'S HOME. SEE INVESTIGATIVE REPORT FOR ADDITIONAL INFORMATION.</p> <p>SB</p>		

SUPPLEMENT		Seq. No. 2
Narrative Type	Reporting Officer	Statement Date Time
SUPPLEMENT	102 LT. STEVE BLEVINS	09/04/2015 1530
<p>KIRBI BALDRIDGE, C.P.S. INVESTIGATOR CONTACTED ME AND TOLD ME A 14 YEAR OLD FEMALE WAS REFUSING TO GO HOME TODAY BECAUSE SHE WAS AFRAID SHE WOULD BE BEATEN BY HER MOTHER AND OTHERS WHEN SHE GOT HOME, BECAUSE SHE HAD DISCLOSED PREVIOUS PHYSICAL ABUSE TO HER SCHOOL COUNSELOR, JOHN TRAVILLIAN. MR. TRAVILLIAN HAD CONTACTED DFCS AND MADE A REFERRAL ON BEHALF OF THE CHILD, H.S.</p> <p>WHEN I ARRIVED AT LAKEVIEW MIDDLE AND MET WITH MS BALDRIDGE SHE TOLD ME THE CHILD STATED SHE WAS ASSAULTED BY HER MOTHER AND GRANDMOTHER ON FRIDAY (8/28) AND SATURDAY (8/29). THE CHILD STATED SHE WAS HELD DOWN AND HIT BY BOTH HER MOTHER AND GRANDMOTHER. MS BALDRIDGE HAD TAKEN PHOTOS OF SOME HEALING BRUISES UNDER HER RIGHT EYE AND RIGHT UPPER ARM THAT SHE STATED SHE RECEIVED DURING THE ASSAULT. MS BALDRIDGE STATED THE CHILD'S MOTHER, JENNIFER SINGLETON HAD BEEN CONTACTED AND WAS ON THE WAY TO THE SCHOOL.</p> <p>AT APPROXIMATELY 15:58 HOURS THE CHILD'S GRANDMOTHER, CHERYL GILL ARRIVED AT THE SCHOOL. SHE STATED HER DAUGHTER TOLD HER TO COME PICK UP H.S. AS SHE HAD MISSED HER BUS. MS BALDRIDGE AND I INTRODUCED OURSELVES AND EXPLAINED THE COMPLAINT TO MRS. GIL. SHE STATED H.S. IS EMOTIONALLY DISTURBED STATING H.S. WAS RECENTLY RELEASED FROM IN-HOUSE TREATMENT FROM THE "VILLAGE" IN KNOXVILLE, TENNESSEE. SHE STATED IN ADDITION TO H.S. BEHAVIOR PROBLEMS, INCLUDING ANGER AND PERIODS OF "RAGE" SHE IS SUSPECTED OF HAVING MULTIPLE PERSONALITY DISORDER BUT STATED A DIAGNOSIS OF M.P.D. COULD NOT BE MADE UNTIL H.S. IS 18 YEARS OF AGE. MRS. GIL STATED MS SINGLETON TOLD HER H.S. HAD ONE OF HER "LITTLE FITS" ON FRIDAY EVENING BECAUSE SHE WAS UPSET ABOUT A "CHORE" SHE HAD PICKED TO DO. SHE STATED MS SINGLETON TOLD HER SHE HAD TO RESTRAIN H.S., AS THEY HAVE BEEN INSTRUCTED TO DO BY PREVIOUS COUNSELORS. SHE STATED H.S. HAD BEEN HITTING AND KICKING DURING THIS FIT. MRS. GIL STATED ON SATURDAY MS SINGLETON BROUGHT THE CHILDREN TO HER HOUSE BEFORE SHE WENT TO WORK. SHE STATED H.S. WAS STILL UPSET THAT DAY AND THEY ARGUED. SHE STATED H.S. WENT INTO A FIT AND SHE AND MS SINGLETON RESTRAINED H.S. SHE STATED HER HUSBAND, WHO IS DISABLED TRIED TO HELP HOLD H.S. ARM AND HE WAS STRUCK DURING THE ALTERCATION. MRS. GIL STATED H.S. COULD HAVE BEEN BRUISED DURING THIS TIME BUT WAS NOT SURE. MRS. GIL CONTACTED MS SINGLETON AND TOLD HER SHE WOULD NEED TO MEET WITH US AT THE SCHOOL.</p> <p>AT APPROXIMATELY 16:40 HOURS MS SINGLETON ARRIVED AT THE SCHOOL. I EXPLAINED OUR CONCERNS TO HER AND SHE AGREED TO TALK WITH MS BALDRIDGE AND I. MS</p>		

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SUPPLEMENT

Narrative Type	Reporting Officer	Statement Date	Time
SUPPLEMENT	102 LT. STEVE BLEVINS	09/04/2015	1530

SINGLETON STATED H.S. HAS HAD PROBLEMS SINCE THEY WERE ALL ABUSED BY HER HUSBAND IN FLORIDA. SHE STATED H.S. HAS BEEN IN NUMEROUS TREATMENT PROGRAMS BUT HER INSURANCE HAS RUN OUT FOR THE YEAR. SHE STATED SHE PROBABLY WON'T PUT H.S. BACK IN TREATMENT AS NOTHING SEEMS TO WORK FOR HER. SHE STATED H.S. HAS ALL THE TOOLS SHE NEEDS TO CONTROL HER ANGER BUT REFUSES TO USE THEM. SHE STATED ON FRIDAY (8/28) THEY HAD GUEST OVER FOR SUPPER. SHE STATED SHE HAD H.S. AND HER BROTHER, S.S. DO THE DISHES. SHE STATED SHE OVER HEARD H.S. BEING MEAN TO HER BROTHER AND CALLED HER OUT, STATING SHE, H.S. WOULD HAVE TO WRITE A LETTER OF APOLOGY TO HIM. SHE SAID H.S. GOT ANGRY SO SHE HAD HER STAND IN THE CORNER. SHE STATED HER OTHER SON, A.S. OPENED A DOOR AND BUMPED H.S. BY MISTAKE. SHE SAID H.S. GOT INTO A RAGE AND SLAMMED THE DOOR BACK AT A.S. MS SINGLETON STATED H.S. STARTED HITTING A.S. AND SHE TRIED TO RESTRAIN H.S. BY PUTTING HER ON THE FLOOR AND HOLDING HER DOWN. MS SINGLETON HAD VIDEO ON HER CELL PHONE THAT SHE ALLOWED US TO WATCH. THE VIDEO BEGINS AFTER THE ALTERCATION AND SHOWS THE MOTHER TALKING TO H.S. TRYING TO CALM HER. EVENTUALLY H.S. DOES CALM DOWN AND AT ONE POINT IS LAUGHING AT HER MOTHER. SB

SUPPLEMENT

Seq. No. 3

Narrative Type	Reporting Officer	Statement Date	Time
SUPPLEMENT	102 LT. STEVE BLEVINS	09/04/2015	1530

MS BALDRIDGE AND I MET WITH H.S. SHE STATED HER MOTHER MADE HER STAND IN THE CORNER BECAUSE SHE SAID SHE HAD BEEN MEAN TO HER BROTHER, SETH. SHE STATED WHILE SHE WAS STANDING IN THE CORNER, HER OTHER BROTHER, AIDEN OPENED A DOOR INTO HER AS HE CAME INTO THE HOUSE, STRIKING HER IN THE BUTT WITH THE DOOR. SHE STATED SHE THOUGHT HE MEANT TO AND SHE GOT MAD AND ATTACKED HIM. SHE STATED HER MOM TRIED TO BREAK THEM UP AND AS HER MOTHER HELD HER, AIDEN HIT HER WITH HIS HANDS. SHE STATED THIS MAY HAVE BEEN WHEN SHE WAS BRUISED. SHE STATED AT SOME POINT HER GRANDMOTHER OFFERED TO LET HER STAY AT THEIR HOME TO GIVE HER AND HER MOM A BREAK. H.S. STATED HER MOM TRIES TO HOLD HER DOWN WHEN SHE LOOSES HER TEMPER AND SOMETIMES THEY BOTH GET HURT BECAUSE OF IT. H.S. EXPRESSED CONCERNS ABOUT GOING HOME TO HER MOTHER SINCE THE ALLEGATIONS HAD BEEN RAISED STATING HER MOTHER WOULD ABUSE HER.

AFTER TALKING WITH ALL PARTIES, MS BALDRIDGE AND I BOTH HAD CONCERNS ABOUT H.S. RETURNING HOME TODAY. MS. BALDRIDGE CONTACTED THE JUVENILE COURT AND TOOK TEMPORARY CUSTODY OF H.S. UNTIL A CUSTODY HEARING CAN BE HELD IN COURT ON TUESDAY, SEPTEMBER 8, 2015 AT 13:30 HOURS.

I ADVISED MS SINGLETON THAT H.S. WOULD BE TAKEN INTO CUSTODY AND PLACED IN FOSTER CARE FOR THE WEEKEND. I NOTIFIED HER OF THE HEARING DATE AND SCHEDULE. SHE AND MRS. GIL LEFT THE SCHOOL WITHOUT INCIDENT. SB